



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date July 26, 1977	1. Agency Address Georgia Department of Human Resources Division of Physical Health - Emergency Health Unit - 618 Ponce de Leon, N. E. Atlanta, Georgia 30306	Application Number 77-216	
Application Number DHR-159		Date Received AUG - 1 1977	Date Completed AUG 22 1977
2. Person to Contact Ms. Joyce Gandy		Working Title Clerk Typist II	Telephone Number 894-5170
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest Latest 7-1-76 to date	5. Records Series Title (followed by title used in office; if different) Emergency Medical Technician-Ambulance Case Files.		
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? <p>The Division of Physical Health is responsible for the administration, direction, and coordination of the Physical Health programs throughout the State. This is accomplished by the establishment of health standards for business, housing, field operations, and hospitals; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; the supervision of construction and licensure of the health facilities; and the daily State-wide program of registration, statistical coding, certification and preservation of the births, marriages, divorces and annulments of marriage, and deaths that occur each year in the State.</p> <p>The Emergency Health Unit is responsible for providing administrative services, and for promoting and supporting emergency health functions to meet the needs of individuals in emergency health functions to meet the needs of individuals in emergency situations whether due to sudden illness, natural or man-made disasters.</p>			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. <p>Documents relating to: <u>Files</u> maintaining case for individuals certified as Emergency Medical Technicians-Ambulance.</p> <p>Included are: unnumbered form (DHR - Application for EMT-A Certification) which shows name and address; EMT-A Certification No. and date issued; whether or not applying individual has any physical or mental handicaps; employment record; training credits claimed; listing of activities for qualification; and signature of applicant with date; also included are various certifications for completion of allied training courses and pertinent correspondence.</p> <p>File is arranged: alphabetically by name of individual.</p>			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>7-12</u> ; Seven to twelve months old <u>7-12</u> ; Thirteen to twenty-four months old <u>rare</u> ; twenty-five months and older <u>rare</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers <u>7</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | 1 _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Upon termination of EMT-A Certification, place all papers for that individual in the inactive file; cut off inactive file at end of each fiscal year; hold 1 year; then destroy.

in current files area

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>[Signature]</i>	7-26-77	<i>[Signature]</i>	7/26/77

State Records Committee (Signature)		Date
State Auditor/Designee	<i>[Signature]</i>	8-16-77
Secretary of State/Designee	<i>[Signature]</i>	8-12-77
Attorney General/Designee	<i>[Signature]</i>	8-22-77

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)